



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

| | |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name LINDA GAYE CORDELL for FISHERS CLERK - TREASURER | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number () |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 7075 KOLDYKE DR | |
| 5. City, State, ZIP Code FISHERS, IN 46038 | 6. Party Affiliation (if applicable) REPUBLICAN |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (include any nickname) LINDA GAYE CORDELL | 8. Party Affiliation or If Independent Candidate REPUBLICAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) FISHERS CLERK - TREASURER | 10. County of Residence HAMILTON |

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

| | | |
|--|-------------------------|--------------------------|
| 12. Reporting Period: From: OCTOBER 15, 2011 Through: DECEMBER 31, 2011 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 10396.13 | |
| 14. Cash on hand and investments January 1, current year. | | 14848.54 |

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | | |
|---|-----------------|-----------------|
| 15a. Itemized (use Schedule A) | | 29380.03 |
| 15b. Unitemized | 1.89 | 7.86 |
| 15c. Add lines 15a and 15b in both columns | 1.89 | 29387.89 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | 10398.02 | 44236.43 |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|----------------|-----------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 1655.82 | 35494.23 |
| 17b. Unitemized | 15.00 | 15.00 |
| 17c. Add lines 17a and 17b in both columns | 1670.82 | 35509.23 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | 8727.20 | 8727.20 |
| 19. Debts OWED BY the committee (use Schedule D) | 0 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0 | |

TION

KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

TREASURER

Date **1/10/12**

Date **1/10/12**

used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
o fails to file a complete or accurate report as required by the Indiana
be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|-------------------------------|---|-----------------------------------|--|------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code <u>0</u> VERIZON PO BOX 25505 LEHIGH VALLEY, PA 18002 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 23.86 | 477.47 | 11/1 |
| Code <u>A</u> SHARP PRINTING 8645 E. 116th FISHERS, IN 46038 | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 141.78 | 15,736.11 | 11/2 |
| Code <u>0</u> GOLDEN CORRAL # 2578 NOBLESVILLE, IN 46060 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 61.37 | 61.37 | 11/9 |
| Code <u>0</u> SHELL-CIRCLE K 11601 ALLISONVILLE RD FISHERS, IN 46038 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 52.69 | 299.67 | 11/9 |
| Code <u>0</u> GAS AMERICA 7235 E 116th ST FISHERS, IN 46038 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 39.78 | 90.17 | 11/26 |
| Code <u>0</u> VERIZON PO BOX 25505 LEHIGH VALLEY, PA 18002 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 36.00 | 513.47 | 11/28 |
| Code <u>C</u> HAMILTON COUNTY REPUBLICAN PARTY 7246 FISHERS CROSSING DR FISHERS, IN 46038 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MAILINGS | 680.34 | 980.34 | 11/28 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1035.82 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$ | | |



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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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FILE NUMBER

Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|-------------------------------|--|-----------------------------------|--|------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code <u>0</u> COOPERS HAWK 3815 E. 96TH ST INDPLS, IN 46240 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 305.00 | 305.00 | 12/3 |
| Code <u>0</u> KRISTIE KENNEDY 7491 HICKORY WOODS DR FISHERS, IN 46038 | CLERK | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: LABOR/SIGNS | 115.00 | 390.00 | 11/11 |
| Code <u>0</u> TODD HUSTON FOR STATE REP FISHERS, IN 46038 | STATE REP | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 200.00 | 200.00 | 12/14 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 620.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$ 1655.82 | | |